

PATENTIN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant:	Christopher J. Edge; Timothy A. Fischer; William A. Rozzi	Confirmation No.	9416
Serial No.:	10/764,384	Customer No.:	28863
Filed:	January 23, 2004	Examiner:	Unknown
		Group Art Unit:	2673
		Docket No.:	1037-044US05
Title:	ARRANGEMENT FOR MAPPING COLORS BETWEEN IMAGING SYSTEMS AND METHOD THEREFOR		

CERTIFICATE UNDER 37 CFR 1.8 I hereby certify that this correspondence is being transmitted via facsimile to the United States Patent and Trademark Office on September 16, 2004.

By: Angela Watson
Name: Angela Watson

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INFORMATION DISCLOSURE STATEMENT

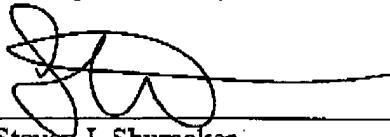
Mail Stop Amendment
Commissioner for Patents
Alexandria, VA 22313-1450

Dear Sir:

Applicant submits the reference listed on the attached form PTO-1449. This statement is being filed to the best of Applicant's knowledge, before the receipt of a first Office Action on the merits.

Copies of the U.S. patents are not enclosed as this application was filed after June 30, 2003.

Respectfully submitted,



By: Steven J. Shumaker
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Date: 9-16-04

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Form 1449* INFORMATION DISCLOSURE STATEMENT IN AN APPLICATION (Use several sheets if necessary)	Docket Number: 1037-044US05	Application Number: 10/764,384
	Applicant: Christopher J. Edge; Timothy A. Fischer; William A. Rozzi	
	Filing Date: January 23, 2004	Group Art Unit: 2673
	Examiner Name: 	

U.S. PATENT DOCUMENTS

FOREIGN PATENT DOCUMENTS

Examiner Initial	Document Number	Publication Date	Country	Translation	
				Yes	No

OTHER DOCUMENTS (Including Authors, Title of Item, Page(s), Vol/Issue No., Publisher, Place of Publication)

EXAMINER	Date Considered
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**Examiner: Initial if reference considered, whether or not citation is in conformance with MPEP 609; Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.*

**Based on Form PTO-FB-A820
(Also form PTO-1449)**

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TO:	FROM:
Mail Stop Amendment	Steven J. Shumaker
COMPANY:	DATE:
USPTO	SEPTEMBER 16, 2004
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RE:	APPLICATION SERIAL NUMBER:
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